

INTERIM FINANCIAL REPORT --
Due at same time as Narrative Report each interim period
TENNESSEE DEPARTMENT OF STATE
Tennessee State Library and Archives
FY 2006-2007 LIBRARY SERVICES AND TECHNOLOGY ACT
Library Services for the Disadvantaged Direct Service Grant

Library: _____

Address: _____
(P.O. Box or Street) (City) (Zip Code)

e-mail address: _____ Telephone: (____) _____

Interim Being Reported: _____ 1st _____ 2nd _____ 3rd (Please check appropriate reporting period)

Total Amount of Grant: \$ _____

Directions for each line: A – B – C = D	A. LSTA* Funds <u>Awarded</u>	B. Total Grant Funds Expended <u>To Date</u>	C. Total Grant Funds <u>Encumbered**</u>	D. Total Balance <u>Remaining</u>
PERSONNEL				
TRAVEL				
EQUIPMENT				
SUPPLIES				
PRINT MATERIALS				
NONPRINT MATERIALS				
CONTRACTUAL SERVICES				
OTHER				
TOTAL				

*Use the amounts in your proposal budget statement

**Encumbered - for materials and/or services on order (obligated for) but not yet paid

CERTIFICATION:

I certify that to the best of my knowledge and belief this report is correct and complete and that all expenditures are for purposes set forth in the approved grant proposal.

Signature: _____ Date: _____
Project Director

Signature: _____ Date: _____
Project Administrator

Signature: _____ Date: _____
Library Board Chairperson/Authorized Fiscal Agent